

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS, EASTERN DIVISION**

In Re:)	19-21088
)	
Collette Anderson,)	Chapter 13
)	
Debtor(s).)	Judge Barnes

NOTICE OF MOTION

To the following persons or entities who were served via email by the Bankruptcy Court:

U.S. Trustee: USTPRegion11.ES.ECF@usdoj.gov
Marilyn Marshall, Ch. 13 Trustee: courtdocs@chi13.com

To the following persons or entities who were served via regular U.S. Mail:

See attached service list.

Please take notice that I shall appear before the following named Bankruptcy Judge, or any other Judge presiding in his stead, at 219 South Dearborn Street, Chicago, Illinois, in the following courtroom (or any other place posted), and present the attached **Motion to Extend the Automatic Stay**, at which time and place you may appear:

JUDGE: Barnes
ROOM: 744
DATE: August 8, 2019
TIME: 9:30 a.m.

/s/ David M. Siegel
David M. Siegel, A.R.D.C. #6207611
Attorney for the Debtor(s)

PROOF OF SERVICE

The undersigned does hereby certify that copies of this Notice and attachments were served to the above persons or entities, if service by mail was indicated above, by depositing same in the U.S. Mail at Wheeling, Illinois 60090, before 5:00 p.m. on July 31, 2019 with proper postage prepaid, unless a copy was provided electronically by the Bankruptcy Court.

/s/ David M. Siegel
David M. Siegel, A.R.D.C. #6207611
Attorney for the Debtor(s)

DAVID M. SIEGEL & ASSOCIATES
790 Chaddick Drive
Wheeling, IL 60090
847/ 520-8100

Collette Anderson
18400 Torrence, Apt 5
Lansing, IL 60438

Gerber Collision Glass
16100 Suntone Dr
South Holland, IL 60473

American Medical Response
PO Box 15339
Portland, OR 97293-5339

Illinois Department of Human Service
Cash Management Unit
PO Box 19407
Springfield, IL 62794-9407

American Profit Recove
34505 W 12 Mile Rd Ste 3
Farmington Hills, MI 48331

Illinois Tollway
PO Box 5544
Chicago, IL 60680

Arnold Scott Harris, P.C.
111 W. Jackson Blvd. Ste. 600
Chicago, IL 60604-4135

Municipal Collection Services
PO Box 666
Lansing, IL 60438

Bay Area Credit Service
Bankruptcy Dept.
1901 W 10th Street
Antioch, CA 94509-1380

Portfolio Recov Assoc
120 Corporate Blvd Ste 1
Norfolk, VA 23502

CB/Roomplace
PO Box 182789
Columbus, OH 43218-2789

Secretary of State
Attn: Bankruptcy Department
PO Box 7848
Madison, WI 53707

CEP America
2100 Powell
Emeryville, CA 94608

Stanislaus Credit Control
914 14th St., POB 480
Modesto, CA 95354

City of Chicago Dept. of Revenue
Camera Enforcement Violation
PO Box 88292
Chicago, IL 60680-1292

SYNCB/NTWK
PO Box 965036
Orlando, FL 32896

City of Chicago Parking
Department of Finance
P. O. Box 6330
Chicago, IL 60680

SYNCB/WALMART
PO Box 965024
Orlando, FL 32896-5024

Comenity Bank
Bankruptcy Department
PO Box 182125
Columbus, OH 43218-2125

The Illinois Tollway
2700 West Ogden Avenue
Downers Grove, IL 60515-1703

Dept Of Ed/582/nelnet
Po Box 82561
Lincoln, NE 68501

Toyota Motor Credit
111 W 22nd St
Oakbrook, IL 60521

FINGERHUT/WEBBANK
6250 Ridgewood Rd.
Saint Cloud, MN 56303-0820

Us Auto Fin
824 N. Market Street
Wilmington, DE 19801

Village of Hazel Crest Photo Enforc
Dept. 0125
PO Box 5905
Carol Stream, IL 60197-5905

Village of Matteson
Police Department
20500 S Cicero Ave
Matteson, IL 60443

Wakefield & Associates, Inc.
PO Box 50250
Knoxville, TN 37950-0250

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS, EASTERN DIVISION**

In Re:)	19-21088
)	
Collette Anderson,)	Chapter 13
)	
Debtor(s).)	Judge Barnes

MOTION TO EXTEND THE AUTOMATIC STAY

NOW COMES the Debtor, by and through the attorneys, DAVID M. SIEGEL & ASSOCIATES, and in support of the Motion, states as follows:

1. Jurisdiction is proper and venue is fixed in this Court with respect to these parties.
2. On July 29, 2019 the Debtor filed a voluntary petition for relief pursuant to Chapter 13 under Title 11 USC, and the hearing on confirmation is set for September 19, 2019.
3. Marilyn Marshall was appointed Trustee in this case.
4. That Debtor had a prior pending bankruptcy (Case#19-00723) within one year preceding the filing of this case that was dismissed other than under §707(b).
5. That Debtor has filed the present case in good faith and there has been a change in circumstances since the previous case.
6. That the aforementioned case was dismissed due to poor communication with prior legal representation.
7. That the Debtor has hired a new law firm and will be able to make Chapter 13 plan payments which is evidenced by a signed Affidavit and Schedule I and J for the present case and the most recent prior case (See Attached Exhibit A).
8. That Debtor requests pursuant to §362(c)(3) that the automatic stay be extended as to any and all creditors.

9. That this request to extend the automatic stay is made in good faith, without the intent to defraud creditors, and proper notice has been had on all necessary parties.

WHEREFORE, Debtor respectfully requests that this honorable court grant Debtor's Motion to Extend the Automatic Stay.

Respectfully Submitted,

/s/ David M. Siegel
David M. Siegel, A.R.D.C. #6207611
Attorney for Debtor(s)

DAVID M. SIEGEL & ASSOCIATES
790 Chaddick Drive
Wheeling, IL 60090
(847) 520-8100

EXHIBIT

A

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

In Re:)
)
) **Collette Anderson**)
)
 Debtor(s).) Judge: Barnes

Case No: 19-21088
Chapter 13

AFFIDAVIT

The Debtor, Collette Anderson, in the above captioned case, under penalty of perjury, states as follows:

1. That I, **Collette Anderson**, am the debtor in the above-referenced case, and have knowledge of the facts contained within this affidavit.
2. That I filed one previous Chapter 13 case, Case # 19-00723, which was dismissed on May 16, 2019.
3. That the most recent case was dismissed due to poor communication with prior legal representation.
4. That I have now hired a different law firm and I am more prepared for the Chapter 13 requirements.
5. That this current Chapter 13 case was filed in good faith, with the intention of repaying my creditors.

By signing this statement, we declare under penalty of perjury that all of the information contained herein is true and accurate, and acknowledge that the Court may rely on the truth of this statement in determining whether to extend the bankruptcy stay for the above Chapter 13 case. I understand the Court may revoke confirmation of the Chapter 13 Plan if the statements relied upon are not accurate.

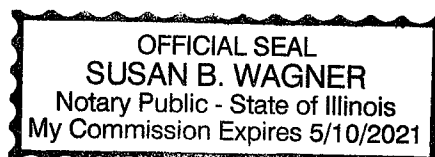
Signed: Collette Anderson
Collette Anderson

Date: 6/15/19

Prepared By:
DAVID M. SIEGEL & ASSOCIATES
790 Chaddick Drive
Wheeling, IL 60090
847/ 520-8100

SUBSCRIBED AND SWORN to
before me this 15th day of

June 2019.
Susan B. Wagner
NOTARY PUBLIC



Fill in this information to identify your case:

Debtor 1 Collette AndersonDebtor 2
(Spouse, if filing)United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOISCase number 19-21088
(If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

Debtor 1

- ☒ Employed
- ☐ Not employed

Occupation

Teacher

Employer's name

Children Home Center

Employer's address

1652 Dolton road
Calumet City, IL 60409

Debtor 2 or non-filing spouse

- ☐ Employed
- ☐ Not employed

How long employed there? 7/1/19

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

	For Debtor 1	For Debtor 2 or non-filing spouse
2.	\$ <u>2,400.00</u>	\$ <u>N/A</u>
3.	+\$ <u>0.00</u>	+\$ <u>N/A</u>
4.	\$ <u>2,400.00</u>	\$ <u>N/A</u>

3. Estimate and list monthly overtime pay.

4. Calculate gross Income. Add line 2 + line 3.

Debtor 1 **Collette Anderson**Case number (if known) **19-21088**

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here	4. \$ 2,400.00	\$ N/A
5. List all payroll deductions:		
5a. Tax, Medicare, and Social Security deductions	5a. \$ 600.00	\$ N/A
5b. Mandatory contributions for retirement plans	5b. \$ 0.00	\$ N/A
5c. Voluntary contributions for retirement plans	5c. \$ 0.00	\$ N/A
5d. Required repayments of retirement fund loans	5d. \$ 0.00	\$ N/A
5e. Insurance	5e. \$ 0.00	\$ N/A
5f. Domestic support obligations	5f. \$ 0.00	\$ N/A
5g. Union dues	5g. \$ 0.00	\$ N/A
5h. Other deductions. Specify:	5h.+ \$ 0.00	\$ N/A
6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6. \$ 600.00	\$ N/A
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ 1,800.00	\$ N/A
8. List all other income regularly received:		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ 0.00	\$ N/A
8b. Interest and dividends	8b. \$ 0.00	\$ N/A
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ 0.00	\$ N/A
8d. Unemployment compensation	8d. \$ 0.00	\$ N/A
8e. Social Security	8e. \$ 796.00	\$ N/A
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Snap	8f. \$ 172.00	\$ N/A
8g. Pension or retirement income	8g. \$ 0.00	\$ N/A
8h. Other monthly income. Specify:	8h.+ \$ 0.00	\$ N/A
9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9. \$ 968.00	\$ N/A
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ 2,768.00 + \$ N/A	= \$ 2,768.00
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:		
	11. +\$ 0.00	
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Schedules</i> and <i>Statistical Summary of Certain Liabilities and Related Data</i> , if it applies	12. \$ 2,768.00	Combined monthly income
13. Do you expect an increase or decrease within the year after you file this form?		
<input checked="" type="checkbox"/> No.		
<input type="checkbox"/> Yes. Explain:		

Fill in this information to identify your case:

Debtor 1 Collette Anderson

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS

Case number 19-21088
(If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

☒ No. Go to line 2.

☐ Yes. Does Debtor 2 live in a separate household?

☐ No

☐ Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household of Debtor 2*.

2. Do you have dependents? ☒ No

Do not list Debtor 1 and Debtor 2.

☐ Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

Do not state the dependents names.

- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes

3. Do your expenses include expenses of people other than yourself and your dependents? ☒ No ☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ 595.00

If not included in line 4:

4a. Real estate taxes

4a. \$ 0.00

4b. Property, homeowner's, or renter's insurance

4b. \$ 0.00

4c. Home maintenance, repair, and upkeep expenses

4c. \$ 0.00

4d. Homeowner's association or condominium dues

4d. \$ 0.00

5. Additional mortgage payments for your residence, such as home equity loans

5. \$ 0.00

Debtor 1 **Collette Anderson**Case number (if known) **19-21088****6. Utilities:**

6a. Electricity, heat, natural gas	6a. \$	200.00
6b. Water, sewer, garbage collection	6b. \$	0.00
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$	253.00
6d. Other. Specify: _____	6d. \$	0.00

7. Food and housekeeping supplies

7. \$ 400.00

8. Childcare and children's education costs

8. \$ 0.00

9. Clothing, laundry, and dry cleaning

9. \$ 163.00

10. Personal care products and services

10. \$ 164.00

11. Medical and dental expenses

11. \$ 55.00

12. Transportation. Include gas, maintenance, bus or train fare.

Do not include car payments.

12. \$ 325.00

13. Entertainment, clubs, recreation, newspapers, magazines, and books

13. \$ 0.00

14. Charitable contributions and religious donations

14. \$ 0.00

15. Insurance.

Do not include insurance deducted from your pay or included in lines 4 or 20.

15a. Life insurance 15a. \$ 0.00

15b. Health insurance 15b. \$ 0.00

15c. Vehicle insurance 15c. \$ 125.00

15d. Other insurance. Specify: _____ 15d. \$ 0.00

16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.

Specify: _____

16. \$ 0.00

17. Installment or lease payments:

17a. Car payments for Vehicle 1

17a. \$ 0.00

17b. Car payments for Vehicle 2

17b. \$ 0.00

17c. Other. Specify: Furniture monthly payment

17c. \$ 38.00

17d. Other. Specify: _____ 17d. \$ 0.00

18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).

18. \$ 0.00

19. Other payments you make to support others who do not live with you.

\$ 0.00

Specify: _____

19. \$ 0.00

20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.

20a. Mortgages on other property

20a. \$ 0.00

20b. Real estate taxes

20b. \$ 0.00

20c. Property, homeowner's, or renter's insurance

20c. \$ 0.00

20d. Maintenance, repair, and upkeep expenses

20d. \$ 0.00

20e. Homeowner's association or condominium dues

20e. \$ 0.00

21. Other: Specify: _____

21. +\$ 0.00

22. Calculate your monthly expenses

22a. Add lines 4 through 21.

\$ 2,318.00

22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2

\$

22c. Add line 22a and 22b. The result is your monthly expenses.

\$ 2,318.00

23. Calculate your monthly net income.

23a. Copy line 12 (your combined monthly income) from Schedule I.

23a. \$ 2,768.00

23b. Copy your monthly expenses from line 22c above.

23b. -\$ 2,318.00

23c. Subtract your monthly expenses from your monthly income.

The result is your *monthly net income*.

23c. \$ 450.00

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☒ No.☐ Yes.

Explain here: _____

Fill in this information to identify your case:

Debtor 1 Collette Anderson-Tillman

Debtor 2
(Spouse, if filing) _____

United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS

Case number
(If known) _____

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

Occupation

Employer's name

Employer's address

How long employed there? _____

Debtor 1

- ☐ Employed
- ☒ Not employed

Unemployed

Debtor 2 or non-filing spouse

- ☐ Employed
- ☐ Not employed

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 1

For Debtor 2 or non-filing spouse

2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

2. \$ 0.00 \$ N/A

3. Estimate and list monthly overtime pay.

3. +\$ 0.00 +\$ N/A

4. Calculate gross income. Add line 2 + line 3.

4. \$ 0.00 \$ N/A

Debtor 1 Collette Anderson-Tillman

Case number (if known) _____

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here	4. \$ 0.00	\$ N/A
5. List all payroll deductions:		
5a. Tax, Medicare, and Social Security deductions	5a. \$ 0.00	\$ N/A
5b. Mandatory contributions for retirement plans	5b. \$ 0.00	\$ N/A
5c. Voluntary contributions for retirement plans	5c. \$ 0.00	\$ N/A
5d. Required repayments of retirement fund loans	5d. \$ 0.00	\$ N/A
5e. Insurance	5e. \$ 0.00	\$ N/A
5f. Domestic support obligations	5f. \$ 0.00	\$ N/A
5g. Union dues	5g. \$ 0.00	\$ N/A
5h. Other deductions. Specify: _____	5h.+ \$ 0.00	\$ N/A
6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6. \$ 0.00	\$ N/A
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ 0.00	\$ N/A
8. List all other income regularly received:		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ 0.00	\$ N/A
8b. Interest and dividends	8b. \$ 0.00	\$ N/A
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ 0.00	\$ N/A
8d. Unemployment compensation	8d. \$ 0.00	\$ N/A
8e. Social Security	8e. \$ 798.00	\$ N/A
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: <u>Unemployment</u>	8f. \$ 780.00	\$ N/A
Food Stamps	\$ 173.00	\$ N/A
8g. Pension or retirement income	8g. \$ 0.00	\$ N/A
8h. Other monthly income. Specify: _____	8h.+ \$ 0.00	\$ N/A
9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9. \$ 1,751.00	\$ N/A
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ 1,751.00 + \$ N/A = \$ 1,751.00	
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____	11. +\$ 0.00	
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Schedules</i> and <i>Statistical Summary of Certain Liabilities</i> and Related Data, if it applies	12. \$ 1,751.00	Combined monthly income
13. Do you expect an increase or decrease within the year after you file this form? <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes. Explain: _____		

Fill in this information to identify your case:

Debtor 1 Collette Anderson-Tillman
Debtor 2 _____
(Spouse, if filing)
United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS
Case number _____
(If known)

Check if this is:

- ☐ An amended filing
☐ A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

☒ No. Go to line 2.

☐ Yes. Does Debtor 2 live in a separate household?

☐ No

☐ Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household* of Debtor 2.

2. Do you have dependents? ☒ No

Do not list Debtor 1 and Debtor 2.

☐ Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

Do not state the dependents names.

- ☐ No
☐ Yes
☐ No
☐ Yes
☐ No
☐ Yes
☐ No
☐ Yes

3. Do your expenses include expenses of people other than yourself and your dependents? ☒ No
☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ 600.00

If not included in line 4:

4a. Real estate taxes

4a. \$ 0.00

4b. Property, homeowner's, or renter's insurance

4b. \$ 0.00

4c. Home maintenance, repair, and upkeep expenses

4c. \$ 0.00

4d. Homeowner's association or condominium dues

4d. \$ 0.00

5. Additional mortgage payments for your residence, such as home equity loans

5. \$ 0.00

Debtor 1 **Collette Anderson-Tillman**

Case number (if known)

6. Utilities:								
6a. Electricity, heat, natural gas	6a. \$	40.00						
6b. Water, sewer, garbage collection	6b. \$	0.00						
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$	168.00						
6d. Other. Specify: _____	6d. \$	0.00						
7. Food and housekeeping supplies	7. \$	250.00						
8. Childcare and children's education costs	8. \$	0.00						
9. Clothing, laundry, and dry cleaning	9. \$	50.00						
10. Personal care products and services	10. \$	20.00						
11. Medical and dental expenses	11. \$	10.00						
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$	50.00						
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13. \$	0.00						
14. Charitable contributions and religious donations	14. \$	0.00						
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.								
15a. Life insurance	15a. \$	0.00						
15b. Health insurance	15b. \$	0.00						
15c. Vehicle insurance	15c. \$	108.00						
15d. Other insurance. Specify: _____	15d. \$	0.00						
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____								
	16. \$	0.00						
17. Installment or lease payments:								
17a. Car payments for Vehicle 1	17a. \$	325.00						
17b. Car payments for Vehicle 2	17b. \$	0.00						
17c. Other. Specify: _____	17c. \$	0.00						
17d. Other. Specify: _____	17d. \$	0.00						
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).								
19. Other payments you make to support others who do not live with you. Specify: _____	18. \$	0.00						
	19. \$	0.00						
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.								
20a. Mortgages on other property	20a. \$	0.00						
20b. Real estate taxes	20b. \$	0.00						
20c. Property, homeowner's, or renter's insurance	20c. \$	0.00						
20d. Maintenance, repair, and upkeep expenses	20d. \$	0.00						
20e. Homeowner's association or condominium dues	20e. \$	0.00						
21. Other: Specify: _____	21. +\$	0.00						
22. Calculate your monthly expenses								
22a. Add lines 4 through 21.	<table border="1"> <tr> <td>\$</td> <td>1,621.00</td> </tr> <tr> <td>\$</td> <td></td> </tr> <tr> <td>\$</td> <td>1,621.00</td> </tr> </table>		\$	1,621.00	\$		\$	1,621.00
\$			1,621.00					
\$								
\$	1,621.00							
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2								
22c. Add line 22a and 22b. The result is your monthly expenses.								
23. Calculate your monthly net income.								
23a. Copy line 12 (your combined monthly income) from Schedule I.	23a. \$	1,751.00						
23b. Copy your monthly expenses from line 22c above.	23b. -\$	1,621.00						
23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	23c. \$	130.00						
24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?								
<input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes. Explain here: _____								